

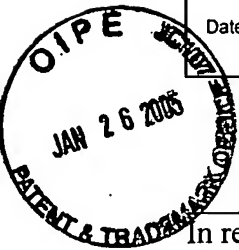
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 521939579 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 26, 2005

Signature: \_\_\_\_\_

(Grace Yu)

Docket No.: 273012011601  
(PATENT)



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Rubinah K. CHOWDHARY et al.

Application No.: 10/688,090

Filed: October 17, 2003

Group Art Unit: 1615

For: DRUG DELIVERY SYSTEMS FOR  
PHOTODYNAMIC THERAPY

Examiner: B. Fubara

**TRANSMITTAL OF DRAWING CORRECTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith is one set (2 sheets, 2 figures) of corrected figures for filing in the above-identified Patent application.

As stated in the Draftsperson's Patent Drawing Review included in the Office Action mailed July 26, 2004, replacement figures in compliance with 37 CFR 1.84 (g) and 37 CFR 1.84 (l) are required. Specifically, the margins, lines, numbers, and letters have been corrected in Figures 1-2. The enclosed new figures correct these informalities.

Favorable consideration of the enclosed drawings is respectfully requested.

Dated: January 26, 2004

Respectfully submitted,

By Karen R. Zachow  
Karen R. Zachow, Ph.D.

Registration No.: 46,332

MORRISON & FOERSTER LLP  
3811 Valley Centre Drive, Suite 500  
San Diego, California 92130  
(858) 720-5191  
(858) 720-5125



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/688,090	
	Filing Date	October 17, 2003	
	First Named Inventor	Rubinah K. CHOWDHARY	
	Art Unit	1615	
	Examiner Name	B. Fubara	
Total Number of Pages in This Submission	28	Attorney Docket Number	273012011601

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate for fee processing) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (9 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) (Corrected, 2 Sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Transmittal of Drawing Correction (2 pages) A copy of the Transmittal form, Information Disclosure Statement, PTO form 1449, and return receipt postcard stamped by the PTO on 11/24/03 (7 pages) A copy of the Form PTO-1449 as marked-up by Examiner (2 pages) A clean copy of Form PTO-1449 as previously submitted on 11/19/03 (2 pages) 25 References – previously disclosed on 11/19/03. Return Receipt Postcard
Remarks Customer No. 25225		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

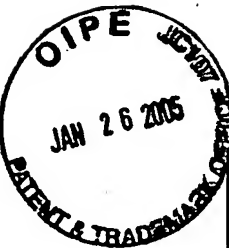
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Karen R. Zachow, Ph.D.		
Date	January 26, 2005	Reg. No.	46,332

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 521939579 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 26, 2005

Signature:

(Grace Yu)



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/688,090
TOTAL AMOUNT OF PAYMENT		Filing Date	October 17, 2003
(\$)		First Named Inventor	Rubinah K. CHOWDHARY
510.00		Examiner Name	B. Fubara
		Art Unit	1615
		Attorney Docket No.	273012011601

**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account    Deposit Account Number: 03-1952    Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**    **Multiple Dependent Claims**

\_\_\_\_\_ - = \_\_\_\_\_ x \_\_\_\_\_ = 0.00    **Fee (\$)**    **Fee Paid (\$)**

\_\_\_\_\_    \_\_\_\_\_    0.00

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

\_\_\_\_\_ - = \_\_\_\_\_ x \_\_\_\_\_ = 0.00    \_\_\_\_\_    \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    0.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ /50 _____ (round up to a whole number) x _____	_____	0.00

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0.00
Other: 2253 Extension for response within third month	510.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	46,332
Name (Print/Type)	Karen R. Zachow, Ph.D.	Telephone	(858) 720-5191
		Date	January 26, 2005